

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

CERTIFICATE AMENDED
SEE NOTATION *

* First name added from Marriage
Record dated 4-15-47 (5-1-72 lma)
ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 118
Registered No. 30

1. PLACE OF BIRTH

County Gila State Ariz.
District or Township _____ or Village _____
City Globe No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Lilia Aurora Tapia
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child <u>Female</u>	To be answered ONLY In event of plural births. <u>L</u>	4. Twin, triplet or other _____	6. Legitimate? <u>yes</u>	7. Date of birth <u>Feb. 6, 1926</u> Month Day Year
5. No., in order of birth <u>—</u>				

8. FATHER
Full name Jesus Tapia
9. Residence
(Usual place of abode) Globe, Ariz.
If non-resident, give place and state.
10. Color or race
Mexican
11. Age at last birthday 37 (Years)
12. Birthplace (city or place)
(State or country) Mexico

13. Occupation
Nature of industry Painter

14. MOTHER
Full maiden name Paula Gutierrez
15. Residence
(Usual place of abode) Globe, Ariz.
If non-resident, give place and state.
16. Color or race
Mexican
17. Age at last birthday 27 (Years)
18. Birthplace (city or place)
(State or country) Mexico

19. Occupation
Nature of industry Housewife

20. Number of children of this mother five
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living five
(b) Born alive but now dead none
(c) Stillborn none

21. Were precautions taken against ophthalmia neonatorum?
yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:30 p. m. on the date above stated
(Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature J. C. Harper, M. D.
Physician
(Physician or midwife).

Given name added from a supplemental report _____
Month, day, year _____
Address Globe, Ariz.
Filed 2/28 19 26 J. N. N. Hunt
Registrar

331-206-279